

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
GAINESVILLE DIVISION

IN RE:) CHAPTER 11
)
LAPRADE'S MARINA, LLC) CASE NUMBER: 15-20697
)
Debtor.)
)

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS)

FOR THE PERIOD

FROM November 1, 2016 TO November 17, 2016

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

/s/ John A. Christy

John A. Christy
Georgia Bar No. 125518
J. Carole Thompson Hord
Georgia Bar No. 291473

Debtor's Address
and Phone Number:

LaPrade's Marina, LLC
25 Shoreline Trail
Clarksville, GA 30523
(706) 947-0010

Attorney's Address
and Phone Number:

Schreeder, Wheeler & Flint, LLP
1100 Peachtree Street, NE, Suite 800
Atlanta, GA 30309-4516
(404) 681-3450

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, <http://www.usdoj.gov/ust/r21/index.htm>.

- 1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

SCHEDULE OF RECEIPTS AND DISBURSEMENTS
FOR THE PERIOD BEGINNING November 1, 2016 AND ENDING November 17, 2016

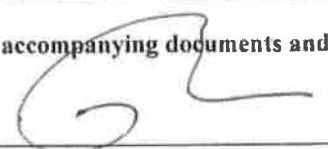
Name of Debtor: In re LaPrade's Marina, LLC
 Date of Petition: April 6, 2015

Case Number 15-20697

	<u>CURRENT MONTH</u>	<u>CUMULATIVE PETITION TO DATE</u>
1. FUNDS AT BEGINNING OF PERIOD	<u>12,314</u> (a)	<u>46,449</u> (b)
2. RECEIPTS:		
A. Cash Sales	<u>0</u>	<u>625,220</u>
Minus: Cash Refunds	<u>(-) 0</u>	<u>(-) 7,095</u>
Net Cash Sales	<u>0</u>	<u>618,125</u>
B. Accounts Receivable	<u>0</u>	<u>817,872</u>
C. Other Receipts (See MOR-3)	<u>0</u>	<u>121,110</u>
(If you receive rental income, you must attach a rent roll.)		
3. TOTAL RECEIPTS (Lines 2A+2B+2C)	<u>0</u>	<u>1,557,107</u>
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	<u>12,314</u>	<u>1,603,556</u>
5. DISBURSEMENTS		
A. Advertising	<u>0</u>	<u>6,237</u>
B. Bank Charges	<u>0</u>	<u>785</u>
C. Contract Labor	<u>0</u>	<u>1,061</u>
D. Fixed Asset Payments (not incl. in "N")	<u>0</u>	<u>6,348</u>
E. Insurance	<u>0</u>	<u>83,307</u>
F. Inventory Payments (See Attach. 2)	<u>0</u>	<u>595,060</u>
G. Leases	<u>0</u>	<u>0</u>
H. Manufacturing Supplies	<u>0</u>	<u>0</u>
I. Office Supplies	<u>0</u>	<u>5,162</u>
J. Payroll - Net (See Attachment 4B)	<u>0</u>	<u>182,462</u>
K. Professional Fees (Accounting & Legal)	<u>0</u>	<u>19,526</u>
L. Rent	<u>0</u>	<u>0</u>
M. Repairs & Maintenance	<u>0</u>	<u>29,664</u>
N. Secured Creditor Payments (See Attach. 2)	<u>0</u>	<u>384,410</u>
O. Taxes Paid - Payroll (See Attachment 4C)	<u>0</u>	<u>63,496</u>
P. Taxes Paid - Sales & Use (See Attachment 4C)	<u>0</u>	<u>28,060</u>
Q. Taxes Paid - Other (See Attachment 4C)	<u>0</u>	<u>24,900</u>
R. Telephone	<u>(255)</u>	<u>17,816</u>
S. Travel & Entertainment	<u>0</u>	<u>0</u>
Y. U.S. Trustee Quarterly Fees	<u>0</u>	<u>11,700</u>
U. Utilities	<u>0</u>	<u>68,059</u>
V. Vehicle Expenses	<u>0</u>	<u>0</u>
W. Other Operating Expenses (See MOR-3)	<u>122</u>	<u>63,056</u>
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)	<u>(133)</u>	<u>1,591,109</u>
7. ENDING BALANCE (Line 4 Minus Line 6)	<u>12,447</u> (c)	<u>12,447</u> (c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 22nd day of December 2016


 (Signature)

- (a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.
- (c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Chophouse Restaurant Rent	0	105,777
Pizza Restaurant Rent	0	4,000
The Boat Shop	0	11,333
TOTAL OTHER RECEIPTS	0	121,110

"Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>
None			

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
See Attachment		
TOTAL OTHER DISBURSEMENTS	122	63,056

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

LAPRADE'S MARINA

MOR-3 OTHER DISBURSEMENTS:

Cleaning	0	4,117
Computer	0	4,638
Customer Relations	0	1,004
Dues & Subscriptions	0	1,304
Employee Medical	0	590
Employee Relations	0	149
Fine	0	2,500
Fuel	0	729
Keys & Locks	0	184
Licenses & Permits	0	1,089
Merchant Fees	122	18,682
Postage	0	580
Property Travel	0	4,848
Pump Service	0	1,117
Security	0	2,569
Small Tools & Equipment	0	6,719
Supplies	0	9,332
Uniforms/Crew Shirts	0	231
Water Testing	0	2,674

TOTAL OTHER DISBURSEMENTS

122	63,056
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ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: In re LaPrade's Marina, LLC

Case Number 15-20697

Reporting Period beginning November 1, 2016

Period ending November 17, 2016

ACCOUNTS RECEIVABLE AT PETITION DATE: \$5,783

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	\$ 42,470	(a)
PLUS: Current Month New Billings	\$	
MINUS: Collection During the Month	\$	(b)
PLUS/MINUS: Adjustments or Writeoffs	\$	*
End of Month Balance	\$ 42,470	(c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

POST PETITION ACCOUNTS RECEIVABLE AGING

(Show the total for each aging category for all accounts receivable)

0-30 Days	31-60 Days	61-90 Days	Over 90Days	Total
\$ ***	\$ ***	\$ ***	\$ ***	\$ 42,470 (c)

For any receivables in the "Over 90 Days" category, please provide the following:

<u>Customer</u>	<u>Receivable Date</u>	<u>Status</u> (Collection efforts taken, estimate of collectibility, write-off, disputed account, etc.)

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

(c) These two amounts must equal.

***** ACCOUNTS RECEIVABLE AGING INFORMATION WAS NOT AVAILABLE**

ATTACHMENT 3

INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: In re LaPrade's Marina, LLC

Case Number 15-20697

Reporting Period beginning November 1, 2016

Period ending November 17, 2016

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE: \$ 33,356
INVENTORY RECONCILIATION:
Inventory Balance at Beginning of Month \$ 41,920 (a)
PLUS: Inventory Purchased During Month \$ _____
MINUS: Inventory Used or Sold \$ _____
PLUS/MINUS: Adjustments or Write-downs \$ _____*
Inventory on Hand at End of Month \$ 41,920 *Inventory foreclosed on 9/6/16

METHOD OF COSTING INVENTORY: Cost

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
<u>30</u> %	<u>65</u> %	<u>5</u> %	<u>0</u> %	= <u>100%</u> *

* Aging Percentages must equal 100%.

☐ Check here if inventory contains perishable items.

Description of Obsolete Inventory: _____

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: \$3,000,000 (b)
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only): Marina on Lake Burton and 42 acres of real property

FIXED ASSETS RECONCILIATION:
Fixed Asset Book Value at Beginning of Month \$ _____ (a)(b)
MINUS: Depreciation Expense \$ _____
PLUS: New Purchases \$ _____
PLUS/MINUS: Adjustments or Write-downs \$ _____*
Ending Monthly Balance \$ _____

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: _____

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) Fair Market Value is the amount at which fixed assets could be sold under current economic conditions. Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: In re LaPrade's Marina, LLC

Case Number 15-20697

Reporting Period beginning November 1, 2016

Period ending November 17, 2016

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.usdoj.gov/ust/r21/index.htm>. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: SunTrust Bank BRANCH: _____

ACCOUNT NAME: LaPrades Marina LLC DIP ACCOUNT NUMBER: xxxxxxxxxx4501

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$	<u>12.447</u>	
Plus Total Amount of Outstanding Deposits	\$	_____	
Minus Total Amount of Outstanding Checks and other debits	\$	_____	*
Minus Service Charges	\$	_____	
Ending Balance per Check Register	\$	<u>12.447</u>	** (a)

*Debit cards are used by Tina Anzo

**If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not includes items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>None</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	<u>0</u>	Transferred to Payroll Account
\$	<u>0</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

MOR-7

SUNTRUST BANK
PO BOX 305183
NASHVILLE TN 37230-5183



Page 1 of 3
36/E00/0175/0/11
4501
11/30/2016
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Account Statement

LAPRADES MARINA LLC DIP
CASE # 15-20697
LAURA SAULS, CPA
PO BOX 1066
CLAYTON GA 30525-0027

Questions? Please call
1-800-786-8787

Beginning November 4, 2016, you will notice a change to how transactions post to your account. Please visit SunTrust.com/BusinessPostingProcess for more information.

Account Summary	Account Type	Account Number	Statement Period
	TOTAL BUSINESS BANKING	4501	11/01/2016 - 11/30/2016

Description	Amount	Description	Amount
Beginning Balance	\$12,383.06	Average Balance	\$12,427.69
Deposits/Credits	\$255.07	Average Collected Balance	\$12,427.69
Checks	\$69.00	Number of Days in Statement Period	30
Withdrawals/Debits	\$122.30		
Ending Balance	\$12,446.83		

Deposits/Credits	Date	Amount	Serial #	Description	Date	Amount	Serial #	Description
	11/04	255.07		DEPOSIT				
Deposits/Credits: 1				Total Items Deposited: 1				

Checks	Check Number	Amount	Date Paid
	5812	69.00	11/02
Checks: 1			

Withdrawals/Debits	Date Paid	Amount	Serial #	Description
	11/02	122.30		ELECTRONIC/ACH DEBIT GLOBAL PAYMENTS GLOBAL STL8788242895359
Withdrawals/Debits: 1				

Balance Activity History	Date	Balance	Collected Balance	Date	Balance	Collected Balance
	11/01	12,383.06	12,383.06	11/04	12,446.83	12,446.83
	11/02	12,191.76	12,191.76			

The Ending Daily Balances provided do not reflect pending transactions or holds that may have been outstanding when your transactions posted that day. If your available balance wasn't sufficient when transactions posted, fees may have been assessed.

Save on gas, hotels, dining and more for your business. Pay with your SunTrust MasterCard® Business Debit Card to save on the things that make doing business easier. You'll receive MasterCard Easy Savings® rebates on top of other merchant discounts and card rewards programs. Visit EasySavings.com

ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PRE-PETITION ACCOUNT

Name of Debtor: In re LaPrade's Marina, LLC

Case Number 15-20697

Reporting Period beginning November 1, 2016

Period ending November 17, 2016

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.usdoj.gov/ust/r21/index.htm>.

NAME OF BANK: Cornerstone Bank BRANCH: _____

ACCOUNT NAME: HHE Partnership LP ACCOUNT NUMBER: xxxx8926

PURPOSE OF ACCOUNT: OPERATING PRE-PETITION

Ending Balance per Bank Statement	\$	<u>0</u>	
Plus Total Amount of Outstanding Deposits	\$	_____	
Minus Total Amount of Outstanding Checks and other debits	\$	_____	*
Minus Service Charges	\$	_____	
Ending Balance per Check Register	\$	<u>0</u>	**(a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid by Cash: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	<u>None</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	<u>N/A</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY – TAX & INSURANCE ESCROW ACCOUNT

Name of Debtor: In re LaPrade's Marina, LLC

Case Number 15-20697

Reporting Period beginning November 1, 2016

Period ending November 17, 2016

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found on the United States Trustee website, <http://www.usdoj.gov/ust/r21/index.htm>.

NAME OF BANK: SunTrust Bank BRANCH: _____

ACCOUNT NAME: LaPrades Marina LLC Tax & Ins. Escrow ACCOUNT NUMBER: xxxxxxxxxx5995

PURPOSE OF ACCOUNT: TAX & INSURANCE ESCROW

Ending Balance per Bank Statement	\$	0
Plus Total Amount of Outstanding Deposits	\$	
Minus Total Amount of Outstanding Checks and other debits	\$	*
Minus Service Charges	\$	
Ending Balance per Check Register	\$	0 ** (a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid by Cash: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5C

CHECK REGISTER - TAX & INSURANCE ESCROW ACCOUNT

Name of Debtor: In re LaPrade's Marina, LLC

Case Number 15-20697

Reporting Period beginning November 1, 2016

Period ending November 17, 2016

NAME OF BANK: SunTrust Bank BRANCH: _____

ACCOUNT NAME: LaPrades Marina LLC Tax & Ins. Escrow ACCOUNT # xxxxxxxx5995

PURPOSE OF ACCOUNT: TAX & INSURANCE ESCROW

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer-generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	<u>Account Closed</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL _____(d)

SUMMARY OF TAXES & INSURANCE PAID

Payroll Taxes Paid	_____ (a)
Sales & Use Taxes Paid	_____ (b)
Other Taxes & Insurance Paid	_____ (c)
TOTAL	_____ (d)

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).
- (b) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5P).
- (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
- (d) These two lines must be equal.

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				<u>0</u> (a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

Location of Box/Account	(Column 2) Maximum Amount of Cash in Drawer/Acct.	(Column 3) Amount of Petty Cash On Hand At End of Month	(Column 4) Difference between (Column 2) and (Column 3)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL		\$ <u>0</u> (b)	

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation _____

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH (a + b) \$ 0 (c)

(c) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 6

MONTHLY TAX REPORT

Name of Debtor: In re LaPrade's Marina, LLC

Case Number 15-20697

Reporting Period beginning November 1, 2016

Period ending November 17, 2016

TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
<u>IRS</u>	<u></u>	<u>941 Payroll Tax</u>	<u>\$ 0</u>	<u>10/17/16</u>	<u>3rd Qtr 2016</u>
<u>Ga Dept of Revenue</u>	<u></u>	<u>State Withholding</u>	<u>0</u>	<u>10/15/16</u>	<u>3rd Qtr 2016</u>
<u>Ga Dept of Revenue</u>	<u></u>	<u>Sales Tax</u>	<u>0</u>	<u>10/20/16</u>	<u>Sept 2016</u>
<u>Ga Dept of Labor</u>	<u></u>	<u>State Unemployment</u>	<u>0</u>	<u>10/15/16</u>	<u>3rd Qtr 2016</u>
<u>IRS</u>	<u></u>	<u>Fed. Unemployment</u>	<u>0</u>	<u>1/20/16</u>	<u>2015</u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
TOTAL			<u>\$ 0</u>		

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor: In re LaPrade's Marina, LLC

Case Number 15-20697

Reporting Period beginning November 1, 2016

Period ending November 17, 2016

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

<u>Name of Officer or Owner</u>	<u>Title</u>	<u>Payment Description</u>	<u>Amount Paid</u>
<u>Peter D Anzo</u>		<u>Wages</u>	<u>\$ 0</u>

PERSONNEL REPORT

	<u>Full Time</u>	<u>Part Time</u>
Number of employees at beginning of period	<u>0</u>	<u>0</u>
Number hired during the period	<u>0</u>	<u>0</u>
Number terminated or resigned during period	<u>0</u>	<u>0</u>
Number of employees on payroll at end of period	<u>0</u>	<u>0</u>

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

<u>Agent and/or Carrier</u>	<u>Phone Number</u>	<u>Policy Number</u>	<u>Coverage Type</u>	<u>Date Expiration Date</u>	<u>Premium Due</u>
<u>Chastain & Associates</u>	<u>706-433-1724</u>	<u>660-0G797823</u>	<u>Property</u>	<u>9/6/2016</u>	
<u>Chastain & Associates</u>	<u>706-433-1724</u>	<u>Z0L-81M37700</u>	<u>Liability</u>	<u>9/6/2016</u>	
<u>Chastain & Associates</u>	<u>706-433-1724</u>	<u>ZPD-61M37439</u>	<u>Docks/Piers</u>	<u>9/6/2016</u>	
<u>Chastain & Associates</u>	<u>706-433-1724</u>	<u>BA-0G813250</u>	<u>Business Auto</u>	<u>9/6/2016</u>	
<u>Chastain & Associates</u>	<u>706-433-1724</u>	<u>WC-RBD</u>	<u>Workers Comp</u>	<u>9/6/2016</u>	

The following lapse in insurance coverage occurred this month:

<u>Policy Type</u>	<u>Date Lapsed</u>	<u>Date Reinstated</u>	<u>Reason for Lapse</u>

☐ Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

MOR-16

CERTIFICATE OF SERVICE

This is to certify that I served a copy of the Debtor's Standard Monthly Operating Report for the Period from November 1 through 17, 2016 via ECF or by first class U.S. Mail, with sufficient postage thereon on the following:

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Office of the U.S. Trustee
362 Richard Russell Building
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This 30th day of December, 2016.

/s/ J. Carole Thompson Hord
J. CAROLE THOMPSON HORD

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